

**Human Immunodeficiency Virus (HIV)
Acquired Immunodeficiency Syndrome (AIDS)
Medication Assistance Program (AMAP) Rules**

A. Authority

These rules are adopted under authority of Section 119a of Act 61 (1997) which expressly directs the Secretary of the Agency of Human Services to develop and adopt rules governing the eligibility for assistance under the HIV/AIDS Medication Assistance Program (AMAP).

B. Purpose

These rules establish the eligibility requirements for assistance under the HIV/AIDS Medication Assistance Program (AMAP). The purpose of AMAP is to provide, to low-income individuals with HIV/AIDS disease, financial assistance for the purchase of prescription medications that have been determined to prolong life or prevent serious deterioration of health.

C. Description of Program

In carrying out this Program, the Department of Health shall:

- (1) determine which medications are eligible to be included under the Program;
- (2) provide assistance for the purchase of prescription medications determined to be eligible under paragraph (1); and
- (3) assure that outreach is provided to individuals with HIV/AIDS disease and, as appropriate, to the families of such individuals.

D. Eligibility Requirements

(1) Application

- (a) The Department of Health's application form must be completed:
 - (i) for each applicant upon initial application and recertification; and
 - (ii) when there is a change in status affecting eligibility.
- (b) The signature of the individual applying for assistance is required on the application form. In any case where the applicant is incapable of signing the application because of physical incapability, or mental incompetency,

application shall be signed on behalf of such a person by his/her authorized representative.

(c) The form shall contain the following information, in addition to any other information which the Department of Health may require for the proper administration of the program:

(i) name, sex, date of birth, social security number, marital status, address and telephone number of the applicant;

(ii) name and relationship to applicant of applicant's household members;

(iii) income information for the applicant and legal dependents in the applicant's household; and

(iv) information regarding any other health benefits or insurance coverage that is available to the applicant.

(2) **Medical Condition**

An applicant must have a confirmed medical diagnosis of HIV disease to participate in the program.

(3) **Financial Status**

Financial eligibility for the AMAP program is limited to applicants where the net available annual income of the applicant and his/her legal dependents does not exceed 200% of the Federal Poverty Level.

Net available annual income of the applicant and his/her legal dependents is determined by subtracting allowable deductions from gross income.

Income in the calendar month prior to month of application or review is used to determine annual income eligibility, unless changes have occurred or are expected to occur, and this income does not accurately reflect ongoing income. Applicants who are self-employed must provide business records for the three months prior to application indicating type of business, gross income and net income.

Deductions include state and federal income taxes, child care payments, property taxes or 21% of the amount paid for rent, social security payments, Medicare Tax, alimony payments, child custody payments, and unreimbursed medical expenses. Unreimbursed medical

expenses can include the following costs: medical services and supplies not covered by insurance; health insurance premiums including Medicare and Medigap; durable medical equipment; transportation to medical appointments; and the cost of medications not covered by insurance.

Gross income includes monetary compensation for services, including wages, salary, commissions, or fees; net income from self-employment; unemployment insurance compensation; government civilian employee or military retirement or pension, including veteran's payments; pensions or annuities; alimony or child support payments; regular contributions from persons not living in the household; net royalties; social security benefits; dividends or interest on savings or bonds; income from estates or trusts; net rental income; public assistance or welfare payments; cash or any other income resource.

(4) **Residency**

Applicants must be domiciled within the State of Vermont and be able to show proof of such domicile.

(5) **Other Application**

If it appears that the applicant may be eligible for other programs offering assistance with the cost of medications, such as Medicaid, the applicant will be encouraged to apply for such assistance.